

CLAIMS ONLY							Application Number <i>09989274</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1						51	
2		1					52	
3			1				53	
4		1					54	
5		1					55	
6		1					r.c.	
							57	
8	1						58	
9		1					59	
10		1					60	
11							61	
12							62	
13							63	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	1						Total Indep	
Total Depend	9	←	←	←			Total Depend	←
Total Claims	10						Total Claims	←